

## 2<sup>nd</sup> Round NEMT RFP Questions

**Question 1:** TMS; Regarding the answer to Question 6, the answer states that “nursing facilities” are required to provide their own transportation, does this include all nursing homes, assisted living facilities, daycare programs and mental health facilities throughout the entire state?

**Response:** The Department’s policy regarding transporting Members residing in nursing facilities to medical appointments and treatments is:

1. In all cases, the facility arranges for the transportation, either with a family member, friend, volunteer, the facility itself, if they utilize a facility-owned vehicle, or with the Broker.
2. If a family member, friend, or volunteer is not available to provide the transportation at no charge, the facility will pay for the transportation.
3. If the medical appointment or treatment is more than 30 miles away from the nursing facility, and a family member, friend, or volunteer is not available to provide the transportation at no charge, the Broker is responsible for paying the transportation expense.

These policies are specific to transporting Members residing in nursing facilities. There are no policies specific to other types of facilities or centers. Regardless of the physical location of the Member, the transportation benefit is (only) for transporting Members to medical appointments and treatments.

**Question 2:** TMS; Regarding the answer to Question 6, can a list of which facilities are required to provide their own transportation be supplied?

**Response:** There are approximately 430 nursing facilities in Iowa. A list of the facilities can be found at: [https://dia-hfd.iowa.gov/DIA\\_HFD/Home.do](https://dia-hfd.iowa.gov/DIA_HFD/Home.do)

Transportation reimbursement policies related to nursing facilities are included in the response to Question No. 1.

**Question 3:** TMS; We’d like more clarity for the answer given to Question 16. Generally, the broker determines who is actually eligible to receive NEMT services and the head count can be much lower than the total number of Medicaid eligibles. A broker is going to have a form or a set of questions to ask the Medicaid eligible to see if they are actually eligible for transportation services. There are potentially three (3) separate numbers that a state could classify a Medicaid “eligible”:

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- a. **Total Statewide Medicaid Members:** This number would be inclusive of those who are not eligible for transportation due to factors such as they live in a nursing home that is required to cover their transportation, they have been incarcerated, or an HMO is responsible for transportation services.
- b. **Total Medicaid Members Potentially Eligible for NEMT Service:** Those who are eligible to receive transportation services by the broker under this future contract, but are not guaranteed the service. This would more than likely be the eligibility file determined by the IME CORE Unit and referenced in Section 1.1.
- c. **Total Medicaid Members Approved as Eligible for NEMT Service by the Broker:** Those who are deemed “certified” to receive NEMT services by the broker, if they have completed an eligibility form and have been approved to receive transportation services

Please verify that the answer that was given to Question 16 was meant to be the number identified as “b” above.

**Response:** Staff of the Department of Human Services (DHS) determine whether individuals are eligible for the Iowa Medicaid program. If an individual is determined to be Medicaid eligible, DHS staff determine which Medicaid eligibility group the (now Medicaid-eligible) Member falls under. As previously described, all Medicaid eligible Members are eligible for non-emergency medical transportation (NEMT) services, **except those Members whose eligibility falls under one of Iowa’s “excluded groups”**. (See Section 3.3.2.2.2 for the exclusions.) The broker is expected to verify that the person requesting transportation is not a Member of one of the excluded groups. The excluded groups consist of Members eligible (only) for a limited benefit package under the Medicaid program. For example, Medicaid only pays for Medicare premiums and Medicare coinsurance and deductibles for persons eligible under a QMB (Qualified Medicare Beneficiary) eligibility group. So, even though Members with a QMB coverage group are Medicaid eligible, they are not eligible to receive NEMT services. This is what is meant by “individuals eligible for NEMT for the month”. (Referring to response to Question 16b, First Round of Questions.)

It is the count of the individuals eligible for NEMT, with additions or deletions described in the response to Question No. 2 of the First Round of Questions, that the monthly capitation payment to the Broker will be based on.

**Question 4:** TMS; Regarding the answer given to Question 31, in-city transportation can often be the highest expenditure amount in a brokered Medicaid NEMT arrangement. Can the

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Department please explain why it feels that requiring the broker to now provide in-city transportation will not increase demand, and subsequently expenditures, substantially?

**Response:**

**Efficiencies:** The Broker will authorize and coordinate travel arrangements. Currently, Medicaid Members and transportation agencies have the ability to submit transportation claims for reimbursement without any prior knowledge of the travel being conducted, nor with any approval for the transport. Plus, the Broker will have the ability to determine the most appropriate mode of transportation.

**Economies of Scale:** The Department anticipates that the Broker will establish a network of providers who will provide transportation in an efficient manner, so as to transport the largest number of Members at the least cost to the Broker.

**Brokerage Oversight:** The Broker will be negotiating reimbursement rates with transportation agencies and individuals. Currently, the Department does not negotiate rates. Additionally, one reason the Department decided to change to a brokerage system is because of known abuses in the current NEMT program. Since there is no centralized management or oversight of this program, Members determine their own mode of transportation, which may or may not be cost-effective, and Members and transportation agencies can claim multiple round-trips on the same day, thereby inappropriately inflating their claims.

**Question 5:** TMS; Regarding the answer given to Question 31, does the Department feel that it is possible some members are being reimbursed for in-city transportation today, but since there is no central management, the Department is not entirely sure?

**Response:** Generally, no. Our current policy only allows for transportation outside of the community in which the Member lives. Further, data on individual trips is located in paper files in DHS offices located throughout the State, so any response to the affirmative would be pure conjecture at this point.

**Question 6:** TMS; Regarding the answers given to Question 31 c, d, and e. These are potentially very important as the brokers attempt to determine price based on past expenditures. Would you please consider directly answer the questions? It will give the brokers an idea of the actual expenditures going on today and if these are included already, or if these individuals will be considered “newly” eligible for services.

**Response:** “In-city” transportation to eligible Members for medical appointments and treatments by any mode (bus pass, daily token, Member/Individual mileage

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reimbursement) will be allowable transportation for the Broker to authorize, arrange, and pay for. This is a change from the current policy, which can be found at IAC 441—78.13. Currently, “in-city” transportation is not reimbursable (to anyone – Members/Individuals or transportation agencies) under Iowa’s NEMT program. Persons with disabilities are subject to the same policies. However, persons with disabilities, who are enrolled in one of Iowa’s Home and Community-Based Services Waivers, receive their transportation benefit under the Waiver and not through the NEMT program.

**Question 7:** TMS; Regarding Question 123, several bidders inquired about Page 34, Section 4.1.7., please clarify a few items regarding this section. The Department stated that only the relevant responsibilities for Section 3 are to be responded to; however, what a proposer may feel is relevant might be quite different than what the Department feels is relevant. Can you please itemize which specific sections you would like to see responses to?

**Response:**

3.2.1 General Requirements

3.2.1.2 Performance Reporting and Quality Assurance

3.2.1.4 Broker Responsibilities

3.2.1.5 Performance Standards

3.2.2 NEMT: Brokerage Process

3.3.1 Implementation

3.3.1.2 Broker Responsibilities

3.3.1.3 Performance Standards

3.3.2 Operations

3.3.2.1.2 Broker Responsibilities: General

3.3.2.1.2.1 Notice of Adverse Action for Service Authorizations

3.3.2.1.2.1.1 The NOD must explain

3.3.2.1.2.1.2 the notice must be in writing and must meet the language requirements:

3.3.2.1.2.1.3 The notice must meet format requirements

3.3.2.1.3 Broker Responsibilities: Network Transportation Providers

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- 3.3.2.1.3.1 Standard Driver Guidelines
- 3.3.2.1.3.2 Standard Vehicle Guidelines
- 3.3.2.1.4 Broker Responsibilities: Members/Individuals/Volunteers
  - 3.3.2.1.4.1 Standard Driver Guidelines
  - 3.3.2.1.4.2 Standard Vehicle Guidelines
- 3.3.2.1.5 Performance Standards
- 3.3.2.2.2 Broker Responsibilities
- 3.3.2.2.3 Performance Standards
- 3.3.2.3.2 Broker Responsibilities: Call Center
- 3.3.2.3.3 Broker Responsibilities: Appointments
- 3.3.2.3.4 Performance Standards
- 3.3.2.4.2 Broker Responsibilities
- 3.3.2.4.3 Performance Standards
- 3.3.2.5.2 Broker Responsibilities
- 3.3.2.5.3 Performance Standards
- 3.3.2.6.2 Broker Responsibilities
  - 3.3.2.6.2.2 Member and Provider notice of adverse action
  - 3.3.2.6.2.3 Broker Grievance or Complaint Process: General Requirements
  - 3.3.2.6.2.4 Grievance System: Record keeping and reporting
  - 3.3.2.6.2.5 Access to State Fair Hearing
- 3.3.2.6.3 Performance Standards
- 3.3.3 Turnover

**Question 8:** TMS; Regarding the answer to Question 123, and the last bullet under item 2 in Attachment A (page 42). Many of the subsections often address some of the same issues and are

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not in sequential order. For example, under 3.2.1.4 Broker Responsibilities on page 17, items c., d., f., g., m. and o address Reports, while items k., l., m. and n. address Quality Improvement Activities. Is the intent of this language to “restate the number and text of the requirement in sequence and write the response immediately after the restated requirement” apply to merely the large heading of Section 3.2.1.4 Broker Responsibilities and not the individual subsections (as long as the vendor address all of the issues highlighted within the subsection)?

**Response:** The vendor has flexibility to respond in the most logical fashion.

- a. If “no”, is the Department requiring each subsection be broken out and responded to? If so, that will make for a response that is difficult to follow, as many items overlap and are not in a sequential order, such as in the case with the example above regarding reports and quality improvement activities in Section 3.2.1.4.

**Response:** See above response.

- b. Further, some subsections overlap throughout Section 3, for example, Member Education is addressed in Section 3.3.1.2. (f) and then again in Section 3.3.2.5. Member Education. May vendor’s refer the evaluators to different page numbers in other sections to eliminate the need for repetitive language?

**Response:** See above response.

**Question 9:** TMS; Per the answer to question 125, please verify that vendors should delete “(no loose leaf binders)” off of bullet 1 of item 2 in Attachment A.

**Response:** Yes. This change will be included in Amendment 3 to RFP MED-10-011.

**Question 10:** TMS; If we utilize the services of an outside accounting or law firm to provide general accounting or legal services (which do not directly impact the day-to-day operations of this RFP), shall we submit a Subcontractor Form, Attachment C for these firms?

**Response:** No. The subcontractor form would be appropriate for those subcontractors who assist in day-to-day operations of services performed pursuant to this RFP.

**Question 11:** TMS; Please verify that Attachment F is merely a sample for the vendors to review and does not have to be submitted back to the Department in the bid response.

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**Response:** Attachment F does not have to be submitted back with proposals. It is the form that will be used for the ultimate contract. Therefore, bidders should submit bids with the cost of contractual compliance in mind.

**Question 12:** Total Transit. Mileage reimbursement to individuals comprises a significant portion of Iowa's reimbursement expenditures. Is it the State of Iowa's policy to reimburse individuals who have the ability to drive/access to a car? Going forward, will Iowa continue to reimburse individuals who have the ability to transport themselves – without the aid of a friend/family member/volunteer?

**Response:** Members determine their own mode of transportation. If they choose to drive themselves, or if they have a friend or family member drive them, they are able to turn in claims for mileage reimbursement to their Income Maintenance Workers. Going forward, the Broker will be responsible to determine the mode of transportation that Members use and the Broker will pay the transportation expenses.

**Question 13:** Total Transit. Can you clarify what, specifically, the Property Damage insurance requirements pertain to?

**Response:** Property damage coverage that state vendors must carry typically provides coverage for claims brought against the state for damage to another's property, as by an automobile accident.

**Question 14:** Total Transit. Relative to the Professional Liability insurance requirements: What professionals are we insuring that would require personal liability insurance? Generally "Professional Liability" insurance applies to engineers, architects, etc. and we currently neither contract/subcontract with or employ such professionals.

**Response:** The obligation would likely not attach directly to the broker but might attach should the broker hire professionals to assist in performing the duties required under the contract. See Contract Section 2.2(7) (indemnification for acts of subcontractors); Contract Section 2.2(8) (insurance requirements for subcontractors); Contract Section 2.2(13)(i) (use of third parties).